

PTO/SB/81 (09-03)  
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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/612283
Filing Date	June 30, 2003
First Named Inventor	David J. Burton
Title	METHOD AND SYSTEM FOR CUSTOM SELECTION AND PACKAGING OF ITEMS TO FULFILL CUSTOMER
Art Unit	ORDERS 3629
Examiner Name	Unknown
Attorney Docket Number	J103UB02US00

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Brandt, Jeffrey L	31,490

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Axiom Legal Solutions Inc.				
Address	c/o PortfolioIP				
Address	P.O. Box 52050				
City	Minneapolis	State	MN	Zip	55402
Country	United States of America				
Telephone	203-438-1077	Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Gloria MacDonald				
Signature					
Date	Dec 11, 2003			Telephone	416-482-8510

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 5 forms are submitted.

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**SIGNATURE of Applicant or Assignee of Record**

Name	David J. Burton				
Signature					
Date	Dec 11 - 2003			Telephone	46-752-8100

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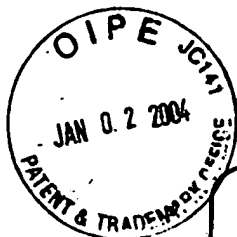
Name	Edward J. Burton		
Signature			
Date	Dec 11 2003	Telephone	905-967-0213

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Examiner Name	Unknown
Attorney Docket Number	J103UB02US00

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OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name: Axiom Legal Solutions Inc.

Address: c/o PortfolioIP

Address: P.O. Box 52050

City: Minneapolis

State: MN

Zip: 55402

Country: United States of America

Telephone: 203-438-1077

Fax:

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Name: Brendan W. Szemplinski

Signature:

Date: 12/4/03

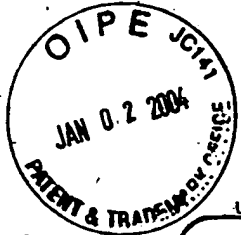
Telephone: 203-595-8020

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Art Unit	
Examiner Name	Unknown
Attorney Docket Number	J103UB02US00

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Axdom Legal Solutions Inc.				
Address	c/o PortfolioIP				
Address	P.O. Box 52050				
City	Minneapolis	State	MN	Zip	55402
Country	United States of America				
Telephone	203-438-1077	Fax			

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

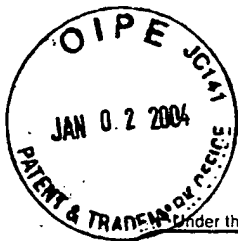
Name	Joel W. Hoff				
Signature					
Date	12/14/03	Telephone	973-616-5553		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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PTO/SB/01 (08-03)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing      OR      ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	J103UB02US00
First Named Inventor	David Burton
COMPLETE IF KNOWN	
Application Number	10/612283
Filing Date	June 30, 2003
Art Unit	3629
Examiner Name	Unknown

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR CUSTOM SELECTION AND PACKAGING OF ITEMS TO FULFILL CUSTOMER ORDERS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 06/30/2003 as United States Application Number or PCT International

Application Number 10/612283 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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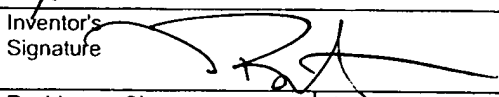
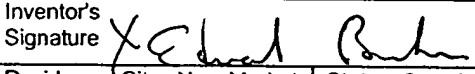
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

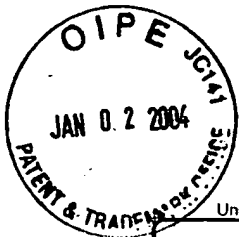
[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/>				OR <input checked="" type="checkbox"/> Correspondence address below	
Name Axiom Legal Solutions c/o PortfolioIP					
Address P.O. Box 52050					
City Minneapolis		State MN		ZIP 55402	
Country US		Telephone 203-438-1077		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name David J. (first and middle (if any))		Family Name Burton or Surname			
Inventor's Signature 				Date DEC 11 2003	
Residence: City Toronto		State Ontario		Country Canada	
				Citizenship CA	
Mailing Address 56 Barker Ave.					
City Toronto		State Ontario		ZIP M4C 2N4	
				Country Canada	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name Edward J. (first and middle (if any))		Family Name Burton or Surname			
Inventor's Signature 				Date Dec 11 2003	
Residence: City New Market		State Ontario		Country Canada	
				Citizenship CA	
Mailing Address 389 Harewood Blvd.					
City New Market		State Ontario		ZIP L3Y 6S5	
				Country Canada	
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					



PTO/SB/02A (08-03)

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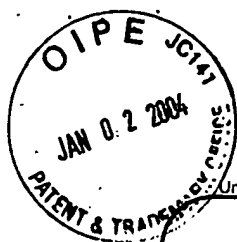
**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Gloria		MacDonald	
Inventor's Signature <i>[Signature]</i>		Date <i>Dec 11 2003</i>	
Residence: City Toronto	State Ontario	Country Canada	Citizenship CA
Mailing Address 41 Glencairn Ave.			
Mailing Address			
City Toronto	State Ontario	Zip M4R 1M6	Country Canada
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Brendan W.		Szemplinski	
Inventor's Signature		Date	
Residence: City Stamford	State CT	Country US	Citizenship US
Mailing Address 178 Cedar Heights Rd.			
Mailing Address			
City Stamford	State CT	Zip 06905	Country US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Joel		Yoffee	
Inventor's Signature		Date	
Residence: City Ringwood	State NJ	Country US	Citizenship US
Mailing Address 62 Finch Road			
Mailing Address			
City Ringwood	State NJ	Zip 07456	Country US

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Attorney Docket Number J103UB02US00

First Named Inventor David Burton

COMPLETE IF KNOWN

Application Number 10/612283

Filing Date June 30, 2003

Art Unit 3629

Examiner Name Unknown

**I hereby declare that:**

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/> Customer Number: <input style="width: 100px;" type="text"/>				OR <input checked="" type="checkbox"/> Correspondence address below	
Name Axiom Legal Solutions c/o PortfolioIP					
Address P.O. Box 52050					
City Minneapolis			State MN		ZIP 55402
Country US		Telephone 203-438-1077		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name David J. (first and middle [if any])			Family Name Burton or Surname		
Inventor's Signature					Date
Residence: City Toronto		State Ontario		Country Canada	Citizenship CA
Mailing Address 56 Barker Ave.					
City Toronto		State Ontario		ZIP M4C 2N4	Country Canada
NAME OF SECOND INVENTOR:			<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name Edward J. (first and middle [if any])			Family Name Burton or Surname		
Inventor's Signature					Date
Residence: City New Market		State Ontario		Country Canada	Citizenship CA
Mailing Address 389 Harewood Blvd.					
City New Market		State Ontario		ZIP L3Y 6S5	Country Canada
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.					



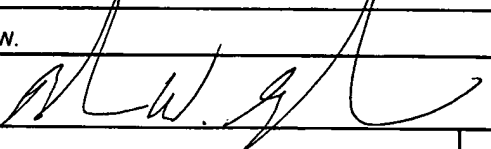
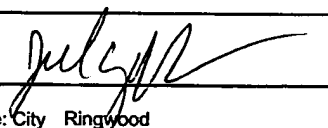
PTO/SB/02A (08-03)

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
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Gloria		MacDonald	
Inventor's Signature		Date	
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Brendan W.		Szemplinski	
Inventor's Signature 		Date 12/4/03	
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<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Joel		Yoffee	
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Mailing Address 62 Finch Road			
Mailing Address			
City Ringwood	State NJ	Zip 07456	Country US

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